

State of California

M E M O R A N D U M

TO: PERSONNEL MANAGEMENT LIAISONS **DATE:** September 26, 2003
REFERENCE CODE: 2003-037 (revised)

THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:

Personnel Officers
Personnel Transactions Supervisors
Personnel Transactions Staff

FROM: Department of Personnel Administration (DPA)
Benefits Division

SUBJECT: 2003 Open Enrollment Period for Dental, FlexElect, and Consolidated Benefits (CoBen) Programs, 2004 Dental Plan Premiums, and Cancellation of GE Wellness Dental Plan Contract
(Correction to PML 2003-037 - Employee only Excluded CoBen Allowance)

CONTACT: Bryan Bruno, Benefits Program Analyst
(916) 445-9841, CALNET 485-9841
FAX: (916) 322-3769
Email: BryanBruno@DPA.CA.GOV

Here's important information on the 2003 Open Enrollment Period for the Dental, FlexElect, and CoBen Programs, 2004 dental plan premiums, and cancellation of the GE Wellness Dental Plan (GE) contract. Please make sure your employees know about the open enrollment period and the information in this memo. DPA mailed dental open enrollment information to retirees and annuitants in September 2003.

Important Note: Effective January 1, 2004, DPA will no longer contract with the GE Wellness Dental Plan. To ensure continued dental coverage, participants currently enrolled in GE will be automatically enrolled in the SafeGuard dental plan effective January 1, 2004. If participants do not wish to be enrolled in SafeGuard, they may choose another dental plan during the open enrollment period. For your information a copy of the letter (Attachment I) which was sent by DPA to all current GE enrollees is attached.

We've also attached memos for you to distribute to your employees. Attachment II covers enrollment in all benefit plans.

Attachment III focuses on employees' dental plan options and cost comparisons. Attachments IV & V list 2004 premiums.

Attachment I - Letter to All GE Enrollees

Attachment II - Memorandum to All State Employees

Attachment III - Dental Plan Options and Cost Comparison

Attachment IV - 2004 Dental Plan Premium Rates

Attachment V - 2004 COBRA Group Continuation Rates

OPEN ENROLLMENT

Open Enrollment for Dental, FlexElect, and CoBen will be **October 1, 2003, through October 31, 2003**. Enrollments/changes during this period are effective January 1, 2004.

For dental, eligible employees may enroll, cancel, or change plans, and add/delete dependents. For FlexElect and CoBen, eligible employees may enroll, cancel, or change their current options.

No action is necessary for currently enrolled employees who don't want to change their FlexElect Cash Option, CoBen Cash Option, and/or dental enrollment. However, Permanent Intermittent (P.I.) employees **must** re-enroll in the FlexElect/CoBen Cash Option during open enrollment if they want to remain in the program next year. Additionally, employees who want to continue enrollment next year in a FlexElect Reimbursement Account **must** re-enroll during open enrollment.

Completing the Open Enrollment Documents

Use the following information to complete open enrollment forms:

Permitting Event Date: Dental - 10/1/03
FlexElect/CoBen Cash - Leave blank

Effective Date: 1/1/04 (Dental, FlexElect, CoBen Cash)

Permitting Event Codes:

Dental

- 03 - New Enrollment
- 15 - Add/Delete Dependent(s) (May use one form for this type of transaction)
- 28 - Change of Plan
- 29 - Change of Plan **and** Add/Delete Dependent(s)
(May use one form for this type of transaction)

FlexElect/CoBen - Leave Permitting Event Code blank

Deadlines:

- | | |
|----------|---|
| 10/31/03 | Last day for employees to sign and submit open enrollment documents to Personnel Offices. |
| 11/5/03 | Last day for enrollment documents to be received in employing office as shown on enrollment forms). |
| 11/19/03 | Last day for receipt by the State Controller's Office (SCO) of all open enrollment documents from Personnel Offices. |
| 12/5/03 | Last day for receipt by SCO of any open enrollment documents that were returned to departments for correction, in order to be reflected on the 1/1/04 paycheck. |

DENTAL PROGRAM

DPA contracts with Delta Dental, Health Net Dental, PMI, and SafeGuard to provide dental insurance for eligible:

1. represented employees in all Bargaining Units except Units 5 and 6;
2. excluded employees; and
3. retirees/annuitants.

The California Association of Highway Patrolmen (CAHP) offers its own indemnity dental plan to BU 5 employees who are CAHP members, but its members may opt to enroll in a State-sponsored prepaid plan. The California Correctional Peace Officers Association (CCPOA) provides dental insurance to BU 6 employees who are CCPOA members.

Restriction on Enrollment in Delta Dental Plans

Except as noted below, employees may only enroll in a State-sponsored prepaid dental plan during their first 24 months of State service. At the end of this 24-month period, employees who wish to enroll in the DeltaPremier or DeltaPreferred Option plan have 60 days to do so. This enrollment is available outside the open enrollment period.

The following employees are **not** subject to the 24-month restriction:

1. employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19;
2. excluded employees; and
3. employees who were previously State employees for 24 consecutive months without a permanent break in service during the 24 months.

CCPOA Dental Plan Restriction

Bargaining Unit 6 (R06) employees who are restricted to the union-sponsored prepaid plan, Western Dental, must complete 12 months in the prepaid plan before they are allowed to enroll in the union-sponsored indemnity dental plan, Primary Dental. At the end of this 12-month period, employees have 60 days to enroll in the union-sponsored indemnity dental plan if they want to. This enrollment is available outside of the open enrollment period.

CAHP Dental Plan Restriction

Bargaining Unit 5 (R05) employees who are restricted to a State-sponsored prepaid dental plan must complete 24 months of State service before they are allowed to enroll in the union-sponsored indemnity Blue Cross Dental Plan. At the end of this 24-month period, employees have 60 days to enroll in their union-sponsored Blue Cross Dental plan if they want to. This enrollment is available outside of the open enrollment period.

Delta Dental 2004 Premiums

Delta Dental premiums will increase for the DeltaPremier and DeltaPreferred Option (DPO) dental plans effective January 1, 2004.

Impact on Employees Not in Consolidated Benefits (CoBen)

In accordance with the collective bargaining agreements, employees not in CoBen, who currently are enrolled in either the DeltaPremier or DPO plans, will see an increase in their out-of-pocket premium on their January 1, 2004, pay warrants (December 2003 pay period). The State's share of the premium will also increase.

Impact on Employees in Consolidated Benefits (CoBen)

Currently, employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19, and excluded employees are in CoBen. Employees in CoBen pay the total dental premium with their CoBen benefit allowance. For employees enrolled in the DeltaPremier or DPO plans, the increased premium will be deducted from their monthly CoBen allowance on their January 1, 2004, pay warrants (December 2003 pay period). See pages 7 and 8 for information on 2004 CoBen allowances.

Reminder: For employees in CoBen, the State share and employee share do not apply. Therefore, when you complete their dental forms, use the total premium amount as the amount deducted from their CoBen allowance.

The following charts show Delta's new dental premiums that go into effect January 1, 2004.

DeltaPremier Basic Plan for Represented Employees:

| <u>Coverage</u> | <u>2004 Total Premium</u> | <u>State Share</u> | <u>2004 Employee Share</u> | <u>Employee Share Increase</u> |
|--|--|-------------------------------|---|---|
| Employee only | \$45.45 | \$34.09 | \$11.36 | \$1.24 |
| Employee plus one dependent | \$79.98 | \$59.98 | \$20.00 | \$3.93 |
| Employee plus two or more dependents | \$115.99 | \$86.99 | \$29.00 | \$6.54 |

DeltaPremier Enhanced Plan for Excluded Employees:

| <u>Coverage</u> | <u>2004 Total Premium</u> |
|--|-----------------------------------|
| Employee only | \$47.31 |
| Employee plus one dependent | \$94.03 |
| Employee plus two or more dependents | \$132.27 |

DeltaPreferred Option (DPO) for Excluded and Represented Employees:

| <u>Coverage</u> | <u>2004 Total Premium</u> | <u>State Share</u> | <u>Employee Share</u> | <u>2004 Employee Share Increase</u> |
|--|-----------------------------------|------------------------|---------------------------|---|
| Employee only | \$39.89 | \$29.92 | \$9.97 | \$6.34 |
| Employee plus one dependent | \$78.17 | \$58.63 | \$19.54 | \$8.23 |
| Employee plus two or more dependents | \$117.94 | \$88.45 | \$29.49 | \$10.10 |

Prepaid Dental Plans

The SafeGuard premiums will decrease slightly and the Health Net Dental premiums will remain at the 2003 rate. The PMI dental plan premiums will increase, effective January 1, 2004. The 2004 premiums for the prepaid plans will continue to be fully paid by the State.

2004 Dental Premiums

Attachments IV and V list the 2004 premiums.

Employees in Units 5 and 6 should be advised to contact their Benefit Trust for information regarding their union-sponsored dental plan premiums and benefits.

**Evidence of Coverage (EOC) Booklets, Participating Dentist Lists,
and Membership Cards**

You may want to request, from the dental plans, a small supply of EOC booklets and participating dentist lists to have available in your Personnel Office for employees who request them.

Advise employees in Units 5 and 6 to contact their Benefit Trust for information on claim forms, EOCs, participating dentist lists, or membership cards.

FLEXELECT and COBEN CASH

Employees who enroll in any FlexElect Option or CoBen Cash during the open enrollment period and employees who are automatically re-enrolled in FlexElect/CoBen Cash Option have **until December 31, 2003**, to cancel their enrollment or make changes.

January 9, 2004, is the last day for receipt by SCO of FlexElect and CoBen Cash forms reflecting cancellation and changes. The effective date will be retroactive to January 1, 2004.

Copies of the 2004 FlexElect handbook (if you submitted an order form to us) and Administrative Manual have been mailed to departments. You also should refer to Benefits Administration Manual Section 700 for information regarding FlexElect and processing instructions for open enrollment forms.

DPA recently mailed an open enrollment notification to the homes of all employees enrolled in the 2003 FlexElect Cash Option informing them that they will automatically be re-enrolled for the 2004 Plan Year. We also notified P.I. employees currently enrolled in the FlexElect Cash Option that they must re-enroll during open enrollment if they want to receive the cash option next year.

We also mailed postcard reminders to employees currently enrolled in a FlexElect Reimbursement Account. These postcards explain that they must re-enroll during open enrollment if they want to participate in a reimbursement account in 2004.

As in the past, DPA sent your Personnel Office a list of employees in your department who are enrolled in a 2003 FlexElect Reimbursement Account. Where possible, we mailed the listing to the appropriate field office.

CONSOLIDATED BENEFITS (COBEN)

All excluded employees and represented employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are in CoBen.

Represented Employee CoBen Allowance

The CoBen allowance for represented employees is determined through collective bargaining. Units 8, 16, 17 and 19 have agreed to the 2004 rates. The State and Unit 7 have also reached agreement on the new 2004 CoBen allowances. However, the Unit 7 agreement has not been ratified by the Legislature. As of this date, Units 2 and 18 have not reached agreements for the new 2004 CoBen allowances.

| | <u>2003</u> | <u>2004</u> |
|--------------------------------------|--------------------|--------------------|
| Employee only | \$266 | \$300 |
| Employee plus one dependent | \$515 | \$582 |
| Employee plus two or more dependents | \$679 | \$756 |

Excluded Employee CoBen Allowance

| | <u>2003</u> | <u>2004</u> |
|--------------------------------------|--------------------|--------------------|
| Employee only | \$267 | \$302 |
| Employee plus one dependent | \$528 | \$593 |
| Employee plus two or more dependents | \$694 | \$768 |

The CoBen allowance for excluded employees is determined by the Department of Personnel Administration. All excluded employees will receive the 2004 CoBen allowance.

DPA recently mailed an open enrollment notification to the homes of all employees enrolled in the 2003 CoBen Cash Option informing them that they will be automatically re-enrolled for the 2004 Plan Year. We also notified Permanent Intermittent employees who are currently enrolled in the CoBen Cash Option that they must re-enroll during open enrollment if they wish to receive the Cash Option for next year.

Employees who enroll in CoBen Cash during the open enrollment period and employees who are automatically re-enrolled in the Cash Option have until December 31, 2003, to cancel their enrollment or make changes.

We will mail the CoBen handbooks beginning the first week of October to departments that submitted an order form to DPA.

PERSONNEL OFFICES

Your assistance in the following areas will be appreciated and will help make this open enrollment period successful:

- (1) Provide a copy of the attached open enrollment memorandum to all employees (Attachment II);
- (2) Make Dental, FlexElect, and CoBen Program material available or advise employees how to obtain such material;
- (3) Assist employees in completing enrollment/change documents;
- (4) Review and submit enrollment documents by the due dates listed in this memo;
- (5) Send completed enrollment forms and packages to SCO.

If your employees have questions regarding open enrollment for the Dental, FlexElect, and CoBen Programs please handle them in your Personnel Office. If you need assistance or clarification, call Bryan Bruno, Benefits Program Analyst, at (916) 445-9841 or CALNET 485-9841.

Terri Westbrook, Chief
Benefits Division

cc: SCO, Butch Massoni/Bob Curry/Don Ward
CALPERS, Doug McKeever
JRS/LRS, Ann Woodward
JRS/LRS, Rae Gamble
STRS, Tosha Bernatene
CAHP BENEFIT TRUST, Kim Bamford
CCPOA BENEFIT TRUST, Gerrit Buddingh

Attachment(s)

DEPARTMENT OF PERSONNEL ADMINISTRATION**BENEFITS DIVISION**

1515 "S" STREET, NORTH BUILDING, SUITE 400
SACRAMENTO, CA 95814-7243



September 2003

ATTACHMENT I

TO: GE Wellness Dental Plan Enrollees
Active State Employees

SUBJECT: Important Information Regarding Your 2004 Dental Plan Coverage

Effective January 1, 2004, the Department of Personnel Administration (DPA) will no longer contract with the GE Wellness Dental Plan. In order to ensure uninterrupted dental coverage, you will be enrolled in the SafeGuard Dental Plan effective January 1, 2004. **Enrollment will be automatic – no action is required by you.**

If you do not wish to be enrolled in SafeGuard, you may choose another dental plan during the upcoming open enrollment period. You should receive information from your personnel office by the last week of September regarding other State-sponsored dental plan options for 2004.

SafeGuard Evidence of Coverage and Dental Provider Listing

Enclosed is your SafeGuard Evidence of Coverage. The benefits provided by the SafeGuard Dental Plan are the same as those that are currently provided by the GE Wellness Dental Plan. To locate a SafeGuard dentist within your service area, please refer to the enclosed Directory of Participating Dentists. You will likely find that your current dentist contracts with SafeGuard. **You must notify SafeGuard of the Selected General Dental Office for yourself and each enrolled family member (even if your current dentist contracts with SafeGuard) before you receive services in 2004.** Please call SafeGuard toll-free at (800) 880-1800, as soon as you select a dentist.

Dental Open Enrollment Period

DPA will be conducting the Dental Open Enrollment Period from October 1 through October 31, 2003. If you do not wish to be automatically enrolled in the SafeGuard Dental Plan, you must select another State-sponsored dental plan and submit a Dental Plan Enrollment Authorization (STD. 692) **no later than October 31, 2003**, to your Personnel Office. The effective date of all open enrollment changes will be January 1, 2004.

If you have questions regarding this information, you may call Bryan Bruno, DPA Dental Program Analyst, at (916) 445-9841. For information regarding your new SafeGuard Plan, call SafeGuard at (800) 880-1800.

Sincerely,

Terri Westbrook, Chief
Benefits Division

Enclosures



MEMORANDUM



ATTACHMENT II

DATE: September 2003

TO: Eligible State Employees

FROM: Terri Westbrook
Chief, Benefits Division
(916) 445-9841; FAX (916) 322-3769

SUBJECT: 2003 Open Enrollment for Dental, FlexElect, and Consolidated Benefits;
2004 Dental Premiums

Open Enrollment for Dental, FlexElect, and Consolidated Benefits (CoBen) will be **October 1, 2003, through October 31, 2003**. If you want to enroll in these benefit programs or make a change to your current enrollment, contact your Personnel Office for the necessary forms.

Open enrollment forms must be signed and submitted to your Personnel Office no later than October 31, 2003. All open enrollment changes will be effective January 1, 2004.

You don't need to submit anything if you're not making any changes in your dental coverage or cash options. If you have a FlexElect reimbursement account and want to participate again next year, you need to re-enroll during open enrollment. Permanent Intermittent employees who want to continue receiving their cash option must re-enroll.

If you enroll in a FlexElect Reimbursement Account, FlexElect Cash Option, or CoBen Cash Option during the open enrollment period or if you are automatically re-enrolled in the FlexElect/CoBen Cash Option, you have until December 31, 2003, to cancel your enrollment or make changes.

DENTAL BENEFITS

Your dental plan options are listed below. Contact your Personnel Office for a brochure, list of participating dentists, and cost comparison, or call the dental plans.

Delta Dental Plans

DeltaPremier and DeltaPreferred Option (DPO) 1-800-225-3368
www.deltadentalca.org/state

Prepaid Dental Plans

| | |
|----------------------------------|----------------|
| Health Net Dental, Inc. | 1-800-926-7828 |
| Private Medical-Care, Inc. (PMI) | 1-800-422-4234 |
| SafeGuard Health Plans, Inc. | 1-800-880-1800 |

Delta Dental 2004 Premiums

Delta rates will increase effective January 1, 2004, which means your out-of-pocket dental premium will go up on your January 1, 2004, pay check (December 2003 pay period), if you're enrolled in the DeltaPremier or DeltaPreferred Option.

The following charts show Delta's new dental premiums that go into effect January 1, 2004.

DeltaPremier Basic Plan for Represented Employees

| <u>Coverage</u> | <u>2004 Total Premium</u> | <u>State Share</u> | <u>Employee Share</u> | <u>2004 Employee Share Increase</u> |
|---|--|-------------------------------|----------------------------------|--|
| Employee only | \$45.45 | \$34.09 | \$11.36 | \$1.24 |
| Employee plus one dependent | \$79.98 | \$59.98 | \$20.00 | \$3.93 |
| Employee plus two or more dependents | \$115.99 | \$86.99 | \$29.00 | \$6.54 |

DeltaPremier Enhanced Plan for Excluded Employees

| <u>Coverage</u> | <u>2004 Total Premium</u> |
|---|--|
| Employee only | \$47.31 |
| Employee plus one dependent | \$94.03 |
| Employee plus two or more dependents | \$132.27 |

Note: Excluded employees, and employees in bargaining units 2, 7, 8, 16, 17, 18 and 19 are in CoBen. The dental premiums for employees in CoBen do not have a State share and employee share of the premiums as the total premium amount is deducted from their CoBen allowance.

DeltaPreferred Option (DPO) for Excluded and Represented Employees

| <u>Coverage</u> | <u>2004 Total Premium</u> | <u>State Share</u> | <u>Employee Share</u> | <u>2004 Employee Share Increase</u> |
|---|--|-------------------------------|----------------------------------|--|
| Employee only | \$39.89 | \$29.92 | \$9.97 | \$6.34 |
| Employee plus one dependent | \$78.17 | \$58.63 | \$19.54 | \$8.23 |
| Employee plus two or more dependents | \$117.94 | \$88.45 | \$29.49 | \$10.10 |

Prepaid Dental Plans

The SafeGuard premiums will decrease slightly and the Health Net dental premiums will remain at the 2003 rates. The PMI dental plan premiums will increase, effective January 1, 2004. The 2004 premiums for the prepaid plans will continue to be fully paid by the State. If you're covered under CoBen, the full premium will be deducted from your CoBen allowance amount.

Effective January 1, 2004, the State will no longer contract with GE Wellness Dental Plan (GE). To ensure continued dental coverage, employees who are currently enrolled in GE will be automatically enrolled in the SafeGuard dental plan effective January 1, 2004. If employees do not wish to be enrolled in SafeGuard, they may choose another dental plan during the open enrollment period. DPA is sending a letter to all employees currently enrolled in GE to advise them of this change.

Union-Sponsored Dental Plans: Bargaining Units 5 and 6

The California Association of Highway Patrolmen (CAHP) offers its own indemnity dental plan to BU 5 employees who are CAHP members, but members may opt to enroll in a State-sponsored prepaid plan. The California Correctional Peace Officers Association (CCPOA) provides dental insurance to BU 6 employees who are CCPOA members.

Employees in Units 5 and 6 should contact their Benefit Trust for information on their union-sponsored dental plan premiums and benefits.

CONSOLIDATED BENEFITS (CoBen)

All excluded employees and represented employees in Bargaining Units 2, 7, 8, 16, 17, 18, and 19 are automatically enrolled in CoBen. If you're in CoBen, the State provides you a benefit allowance to purchase health, dental, and vision benefits. If the total cost of the plans you choose is less than your CoBen allowance, you receive the difference as taxable income. If the total cost of the plans is more than the CoBen allowance, the difference is deducted from your paycheck pre-tax.

As a result of increased dental premiums, if you are enrolled in one of the Delta Dental plans or PMI you will see an increase in the dental amount that's deducted from your monthly CoBen allowance starting with your January 1, 2004, paycheck.

If you have health and dental coverage through another source, you may enroll in the CoBen Cash Option. These amounts are \$155 a month in-lieu of health and dental coverage, and \$130 a month in-lieu of health coverage only. To enroll in a CoBen Cash Option, complete a STD. 702 Consolidated Benefits (COBEN) Cash Enrollment Election during open enrollment. The monthly CoBen allowance amounts are listed on the next page.

Represented Employee CoBen Allowance

The CoBen allowance for represented employees is determined through collective bargaining. Employees represented by State Bargaining Units that have renegotiated bargaining agreements with the State will receive the 2004 CoBen allowance. All other represented employees will continue to receive the 2003 CoBen allowance.

| | <u>2003</u> | <u>2004</u> |
|--------------------------------------|--------------------|--------------------|
| Employee only | \$266 | \$300 |
| Employee plus one dependent | \$515 | \$582 |
| Employee plus two or more dependents | \$679 | \$756 |

Excluded Employee CoBen Allowance

| | <u>2003</u> | <u>2004</u> |
|--------------------------------------|--------------------|--------------------|
| Employee only | \$267 | \$302 |
| Employee plus one dependent | \$528 | \$593 |
| Employee plus two or more dependents | \$694 | \$768 |

The CoBen allowance for excluded employees is determined by the Department of Personnel Administration. All excluded employees will receive the 2004 CoBen allowance.

If you are going to make a change in your benefit choices during the open enrollment period, you may want to use the CoBen Calculator on DPA's website, which will help you determine how much will be deducted from your paycheck, or added to it, based on which health and dental plans you choose. You simply click on your health and dental plan choices, and how many dependents will be covered. The calculator automatically computes the total cost of the benefits and subtracts them from the CoBen allowance. The result shows whether you will have a monthly benefit deduction or receive extra cash. There are two separate calculators, one for excluded employees and another for represented employees in bargaining units 2, 7, 8, 16, 17, 18, and 19. The CoBen calculator is located at www.dpa.ca.gov (click on Benefits, then Consolidated Benefits, and scroll down to the link for the calculators). Employees in unions that have not reached agreement on the 2004 CoBen allowances should use the 2003 chart until new agreements are reached.

FLEXELECT

If you have health and/or dental coverage through another source, you can opt for cash In-lieu of your State-sponsored benefit. The FlexElect Cash Option is \$128 a month for health and \$12 a month for dental.

FlexElect also offers reimbursement accounts that allow you to use pre-tax salary to pay for dependent care and/or medical bills that aren't covered by insurance. Ask your Personnel Office for a FlexElect Reimbursement Account brochure for details.

To learn more about Dental, FlexElect and CoBen, or for questions regarding the 2003 open enrollment period, please contact your Personnel Office. And, visit our Web site at www.dpa.ca.gov (click on "Benefits").

Your Dental Plan Options

Prepaid Plans

(Health Net Dental, Private Medical Care, Inc. (PMI), SafeGuard)

Prepaid plans provide services through member dentists throughout California. (These plans are not available outside of California.)

Monthly premiums are fully paid by the State. You have no monthly premiums, deductibles, or maximum annual benefit limits. Many services are provided at low or no cost to you. You may change dentists upon request and/or change plans if you move and your plan is no longer available. If you need emergency dental work and are outside of your service area (50 miles from your residence), you may go to any dentist for the relief of pain and be reimbursed up to \$400 per calendar year. For more information or a list of member dentists, contact the carriers at: Health Net Dental 1-800-926-7828; PMI 1-800-422-4234; SafeGuard 1-800-880-1800.

Indemnity Plan

(DeltaPremier - Group #9949)

DeltaPremier features full access to specialty care and guaranteed benefits through member dentists. However, you can see any dentist worldwide and still be covered, although your out-of-pocket costs may be higher. For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

Preferred Provider Option Plan

(DeltaPreferred Option (DPO) - Group #9946)

DeltaPreferred Option (DPO) provides services through its network of participating dentists, although you may use non-DPO dentists worldwide. If you receive services outside of the DPO network, your out of-pocket costs will be substantially higher. Therefore, we encourage you to contact Delta before enrolling to ensure there's a DPO provider available in your service area. (Not all Delta Dentists are members of the DPO network.)

For represented employees, the annual maximum benefit available to dependents is \$2,000 when using a dentist who's a member of the DPO network, compared to a \$1,000 yearly maximum under DeltaPremier. DPO offers a \$2,500 lifetime benefit for dental implants and a third cleaning for high-risk patients. Generally, high-risk patients include pregnant women, cancer chemotherapy patients, persons with compromising systemic diseases such as diabetes, AIDS, or endocarditis, and persons who have had organ transplants.

For more information, contact Delta Dental at 1-800-225-3368 or visit www.deltadentalca.org/state.

These are brief descriptions of the available dental plans. Please consult each carrier's "Evidence of Coverage" booklet or call the carrier for a more detailed explanation.

State-Sponsored Dental Plans Benefit Comparison

The following chart provides a comparison of **your** costs for certain types of procedures. Please consult each dental plan's Evidence of Coverage for detailed information and plan limitations.

| For these procedures: | Delta Dental | | | | PMI Health Net Dental SafeGuard | Health Net Dental*** |
|--|--|-------------------------------------|-----------------------------------|--|---|---|
| | DeltaPremier Basic | | DeltaPremier Enhanced | **DeltaPreferred Option (DPO) | Standard | Enhanced |
| | Represented Employees | Dependents of Represented Employees | Excluded Employees and Dependents | Excluded & Represented Employees and Dependents | Excluded & Represented Employees and Dependents | Excluded Employees and Dependents |
| Diagnostic and Preventive Benefits (Two cleanings per 12 month period) * | 0 | 0 | 0 | 0 | 0 | 0 |
| Basic Benefits (Usual, Customary, and Reasonable) | 10% | 20% | 10% | 10% | 0 | 0 |
| Crowns | 20% | 50% | 20% | 20% | \$50 | 0 |
| Bridges, Full & Partial Dentures | 50% | 50% | 50% | 40% | \$65 and up | 0 |
| Annual Deductible | \$50* | \$50* | \$25* | \$25* | No deductible | No deductible |
| Maximum Deductible | \$150 per family | | \$100 per family | \$100 per family | N/A | N/A |
| Orthodontia | Delta will pay 50% up to a lifetime maximum of \$1,000 per person. | | | Delta will pay 50% up to a lifetime maximum of \$1,000 per adult. and pay 50% up to a lifetime maximum of \$1,500 per child. | \$1,000 plus up to \$250 for start-up costs | \$1,000 plus up to \$250 for start-up costs |
| Annual Maximum | \$2,000 | \$1,000 | \$2,000 | \$2,000 | No Maximum | No maximum |

* Diagnostic and Preventive Benefits are exempt from the deductible.

** The level of benefits and covered services reflected in the chart are based on services provided by a DPO Network dentist. The level of benefits and covered services provided by a non-DPO dentist are lower. Additionally, the DPO includes up to a \$2,500 lifetime benefit for dental implants, and a 3rd cleaning for high-risk patients. High-risk patients include: pregnant women, cancer chemotherapy patients, persons with compromising systemic diseases such as AIDS, diabetes, endocarditis, or persons who have had organ transplants.

*** The Health Net Dental Plan provides for three cleanings per 12-month calendar year service period instead of the normal two cleanings. Excluded employees and their dependents have the enhanced coverage under the Health Net Dental Plan. Represented employees and their dependents have the standard coverage under the Health Net Dental Plan.

**DEPARTMENT OF PERSONNEL ADMINISTRATION
Dental and Vision Plan Premiums Effective January 1, 2004**

ATTACHMENT IV

| <u>Carrier/Address</u> | <u>Group #</u> | <u>Deduction Codes</u> | <u>Monthly Premium</u> | | |
|--|-------------------------------------|------------------------|------------------------|----------------|----------------|
| | | | <u>1 Party</u> | <u>2 Party</u> | <u>3 Party</u> |
| <u>State-Sponsored Dental Plans</u> | | | | | |
| Delta Dental | 9949-Excluded (DeltaPremier) | 351-008 | \$47.31 | \$94.03 | \$132.27 |
| P.O. Box 7736 | 9949-Represented (DeltaPremier) | 351-007 | \$45.45* | \$79.98* | \$115.99* |
| San Francisco, CA 94120 | 9946-Excluded and Represented (DPO) | 351-018 | \$39.89** | \$78.17** | \$117.94** |
| 1-800-225-3368 | | | | | |
| Health Net Dental, Inc. | 901690-Standard | 351-012 | \$15.38 | \$24.95 | \$35.04 |
| P.O. Box 57074 | 903042-Enhanced | 351-014 | \$14.00 | \$23.70 | \$29.19 |
| Irvine, CA 92619-7074 | | | | | |
| 1-800-926-7828 | | | | | |
| PMI – DeltaCare | 0171 | 351-009 | \$16.21 | \$26.60 | \$36.80 |
| 12898 Towne Center Drive | | | | | |
| Cerritos, CA 90703 | | | | | |
| 1-800-422-4234 | | | | | |
| Safeguard Health Plans | 4407 | 351-016 | \$13.29 | \$21.49 | \$29.57 |
| 95 Enterprise | | | | | |
| Aliso Viejo, CA 92656 | | | | | |
| 1-800-880-1800 | | | | | |
| <u>Union Sponsored Dental Plans</u> | | | | | |
| CAHP/Blue Cross (RO5) | 336817-A | 351-013 | \$42.09*** | \$73.98*** | \$107.99*** |
| CCPOA/Primary Dental (R06) | Fee-For-Service | 351-006 | \$69.33**** | \$69.33**** | \$69.33**** |
| CCPOA/Western Dental (RO6) | Prepaid | 351-249 | \$69.33**** | \$69.33**** | \$69.33**** |

State-Sponsored Vision Plan

| | | | | | |
|--------------------------|----------|-------------------|--------|--------|--------|
| Vision Service Plan | 12020000 | 475-001-Non CoBen | \$8.10 | \$8.10 | \$8.10 |
| 3333 Quality Drive | | 475-002-CoBen | | | |
| Rancho Cordova, CA 95670 | | | | | |
| 1-800-622-7444 | | | | | |

*Employee Share: \$11.36/\$20.00/\$29.00 **Employee Share: \$9.97/\$19.54/\$29.49
 CAHP Employee Share: \$8.00/\$14.00/\$21.00 (w/subsidy) *CCPOA Employee Share \$25.00

**(RO5 Employees' share for the DeltaPremier Plan is \$16.36/\$29.00/\$41.00 and \$10.80/\$27.19/\$42.95 for the DPO plan)
 (Under CoBen the total premium is deducted from the benefit allowance)
 (The dental/vision premiums above do not include the administrative fee of \$1.11/mo.)**

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ATTACHMENT V

DEPARTMENT OF PERSONNEL ADMINISTRATION
COBRA Group Continuation Rates: Monthly Premiums Effective January 1, 2004

| <u>Carrier/Address</u> | <u>Plan Type</u> | <u>Covered Persons</u> | <u>1 Party</u> | <u>2 Party</u> | <u>3 Party</u> |
|---|------------------|--|----------------|----------------|----------------|
| Delta Dental Mail STD. 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192 | Enhanced | Excluded employees and their eligible dependents | \$48.25 | \$95.91 | \$134.91 |
| | Basic | Represented employees | \$46.36 | \$81.58 | \$118.31 |
| | Basic | Eligible dependents of Represented employees | \$39.69 | \$59.74 | \$78.30 |
| | DPO | Excluded and Represented employees and their dependents | \$40.69 | \$79.73 | \$120.30 |
| Health Net Dental, Inc. P.O. Box 57074 Irvine, CA 92169-7074 1-800-926-7828 | Standard | Represented employees and their eligible dependents | \$15.69 | \$25.45 | \$35.74 |
| | Enhanced | Excluded employees and their eligible dependents | \$14.28 | \$24.17 | \$29.77 |
| PMI - DeltaCare 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234 | Basic | Excluded/Represented employees and their eligible dependents | \$16.53 | \$27.13 | \$37.54 |
| Safeguard Health Plans 95 Enterprise Aliso Viejo, CA 92656 1-800-880-1800 | Basic | Excluded/Represented employees and their eligible dependents | \$13.56 | \$21.92 | \$30.16 |
| Vision Service Plan P.O. Box 997100 COBRA UNIT Sacramento, CA. 95899-7100 1-800-852-7600 Ext: 4636 | Basic | Excluded/Represented employees and their eligible dependents | \$8.93 | \$8.93 | \$8.93 |

Refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents.
These premium rates are 102% of current gross premiums.

(Rev. 9-03)